

ANIMAL GUARDIAN NETWORK

Providing a lifeline to animals in need and for disadvantaged pet guardians

Adoption Questionnaire

Combining our experiences with animal rescue, care & placement, we have put together the following questionnaire. It is not meant to be intrusive or in any way minimize your level of commitment to animals. It is simply a way for us to adequately determine the best match. Our only goal is to provide a homeless pet with a lifelong loving home.

Homeless pets come to us in many ways. We rescue them from the County Shelters, abusive or neglectful situations & a variety of other situations. Because of this, we are limited as to the amount of information we have on their background. Therefore all of the pets we have in foster care are carefully assessed in a home environment, which helps us determine the best match possible. We do require a \$150.00 adoption fee, which provides for another pet in need.

Date: _____ Which pet are you interested in adopting: _____

Name: _____ Spouse: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Email Address: _____

Home Phone: _____ Alternate Phone: _____

Where do you live? ()Single Family Home ()Apartment ()Condo/Townhome

()Other _____ Please specify

Do you ()Own or ()Rent? ****If you rent you must provide a copy of your rental agreement****

How many hours a day are you away from home? _____

Do you have a dog door? ()Yes ()No

Is your yard fenced? ()Yes ()No Is your gate padlocked? ()Yes ()No

Type of fencing material? _____

Do you have a swimming pool? ()Yes ()No Is it fenced? ()Yes ()No

Are people permitted to go into your yard when you are not home? ()Yes ()No

Who cares for your pets when you are out-of-town? _____

Do they stay at your home? ()Yes ()No Does the pet stay at the caretaker's home? ()Yes ()No

Do you have children? ()Yes ()No Ages: _____

Do you have grandchildren? ()Yes ()No Ages: _____

Do you have the financial resources to provide the following:

Routine and or surgical veterinary care should your pet require it? ()Yes ()No

Working with a dog trainer if necessary? ()Yes ()No

Where do your pets stay when you are not at home? _____

Where do your pets sleep? _____

Name & phone number of your veterinarian: _____

What friend or family member will care for your pets should you and/or your spouse become unable?

Name of designated caretaker: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Number: _____

Relationship to caretaker: _____

Please list the pets you currently have:

Type/Breed: _____ Name: _____ Age: _____ Spayed/Neutered? ()Yes ()No

Type/Breed: _____ Name: _____ Age: _____ Spayed/Neutered? ()Yes ()No

Type/Breed: _____ Name: _____ Age: _____ Spayed/Neutered? ()Yes ()No

Type/Breed: _____ Name: _____ Age: _____ Spayed/Neutered? ()Yes ()No

Any comments or special notes you would like to add (optional): _____

The information I have provided is truthful & accurate to the best of my knowledge.

Signature

Date

Signature

Date

*****ALL ADOPTIONS ARE SUBJECT TO A HOME CHECK PRIOR TO ANY ADOPTION BEING FINALIZED*****

Please fax back when completely filled out to (480) 488-9363. After we have had the opportunity to review your questionnaire we will contact you. Incomplete questionnaires will delay our review process.

*We really appreciate your patience & understanding of our process.
Thank you for caring enough about animals to adopt one in need!*



The Animal Guardian Network, Inc. is a 501 (c)(3) non-profit animal welfare organization providing a lifeline to animals in need and disadvantaged pet guardians.

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